U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

For Official-Use Only		
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

OLD OP	
1 File Number U - <i>9288</i>	2 Fiscal Year Covered From
	4 / 1 / 2004 Through 3 / 31 / 2005
3 Name and address of person filing	4 Name, file number, and address of labor organization
Name Dennis LoCurto	Name Plasterers & Cement Masons AFL-CIO LU 111
	Labor Organization File Number 540-244
PO Box, Bldg, Room No, if any	P O Box, Building and Room Number, if any
Street 135 Wellington	Street 165 Division Street
City Buffalo	City North Tonawanda
State New York ZIP Code + 4 14216	State New York ZIP Code + 4 14120-6200
5 Position in labor organization Business Agent	-

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent			
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income		
Name			
Trade Name, if any			
PO Box, Bldg , Room No , if any			
	7 b Amount.		
Street			
City			
State ZIP Code + 4			

Signature

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submitted in this report (including the	ne information contained in any	accompanying documents),	, has been examined by the s	signatory and is, to the best of the
undersigned's knowledge and belie	ef, true, correct, and complete	(See the section on penaltie	es in the instructions)	
_	_			

Signed	Dennis	Lolund

On 8-9-05 76 695 1494

Date Telephone Number

Name of Person Filing Dennis LoCurto	File Number U-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any) Name Trade Name, if any P O Box, Bidg, Room No, if any Street City State ZIP Code + 4 10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any P O Box, Bidg, Room No, if any	9 Business deals with a Labor Organization b Trust c Employer 11 a Nature of such dealing			
Street City State ZIP Code + 4	11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received			
	12 b Amount			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	14 a Nature of payment			
13 b Is the Business an Employer or Consultant?	14 b Amount of payment.			